

Lesbian, Gay, Bisexual and Questioning Students and Selected Risk Behaviors – Data Brief

2015 Vermont Youth Risk Behavior Survey

Background

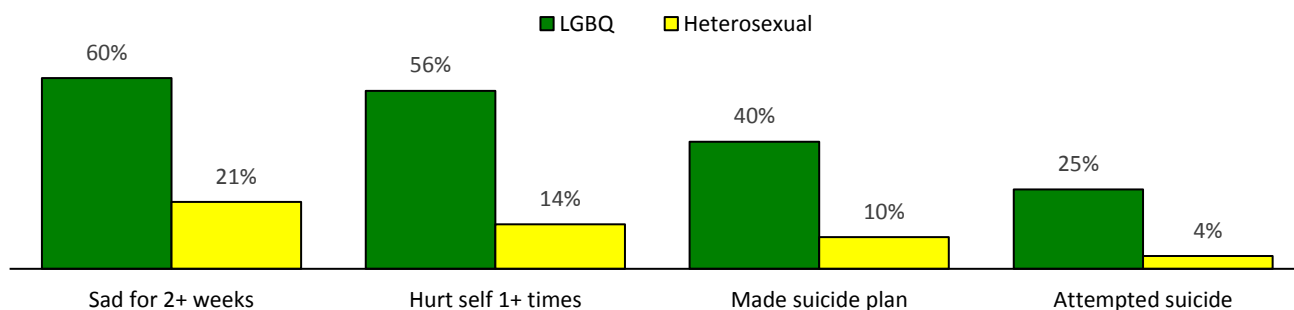
Despite Vermont being the first state to legalize gay marriage (through the legislative process), and having one of the oldest lesbian, gay, bisexual, transgender and questioning (LGBTQ) youth advocacy organizations in the U.S., health disparities between LGBTQ youth and their heterosexual peers remain.

The Vermont Youth Risk Behavior Survey (YRBS) data shows 2% of Vermont students describe themselves as gay or lesbian, 6% as bisexual, and 4% as not sure. Females are significantly more likely to describe themselves as bisexual (10% vs 3%) and are more likely to be unsure (5% vs 4%) about their sexual orientation compared to males.

Mental Health and Suicide Ideation

Nearly two-thirds of all LGBTQ students reported feeling sad for at least two weeks in a row in the past year, nearly triple that reported by heterosexual students. LGBTQ students are four times as likely as their heterosexual peers to report hurting themselves on purpose (without the intention of killing themselves) and making a suicide plan in the past year. A quarter of LGBTQ students attempted suicide in the past year, compared with only four percent among heterosexual students.

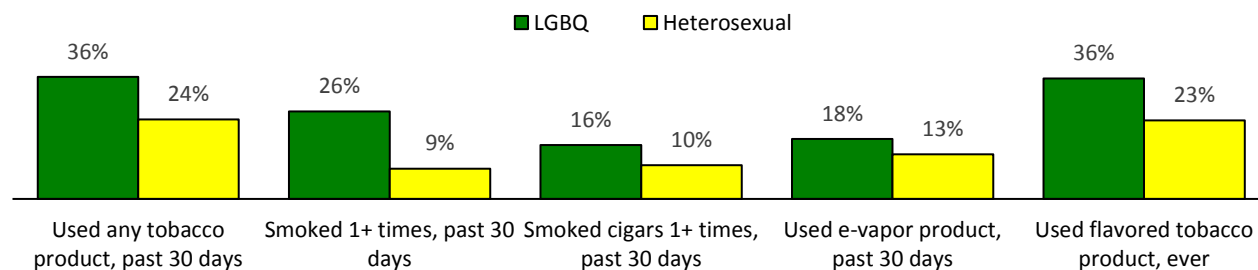
Percent of high school students who report suicide and mental health risk factors by sexual orientation in the past year



Tobacco Use

LGBTQ students are more likely than their peers to report using tobacco products in the past 30 days, including any tobacco product, cigarettes, cigars, and e-vapor products. LGBTQ students are nearly three times as likely as heterosexual students to report recent cigarette smoking. A third of LGBTQ students have tried flavored tobacco products during their lifetime, significantly higher than the 23% among heterosexual students.

Tobacco use by sexual orientation



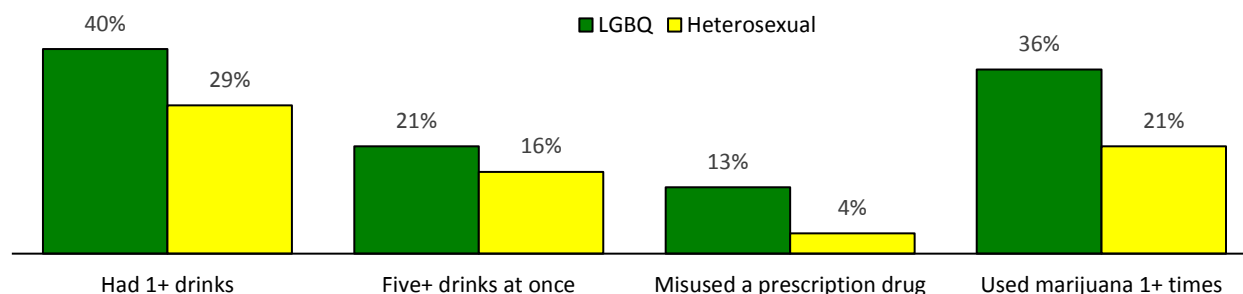
Reported attempts to quit smoking during the past year are similar by sexual orientation, 54% among LGBTQ and 57% among heterosexual students.

Alcohol and Other Drug Use

LGBQ students are more likely to report having any alcohol, binge drinking (five or more drinks in a row), misusing a prescription drug, and using marijuana in the past month, compared with heterosexual students. LGBQ students are more than three times as likely to misuse a prescription drug in the past month.

LGBQ students are more likely than heterosexual students to have ever used inhalants (18% vs 5%), cocaine (13% vs 4%), methamphetamines (7% vs 2%), and heroin (7% vs 2%).

Percent of high school students past 30 day substance use by sexual orientation



Sexual Health and Behaviors

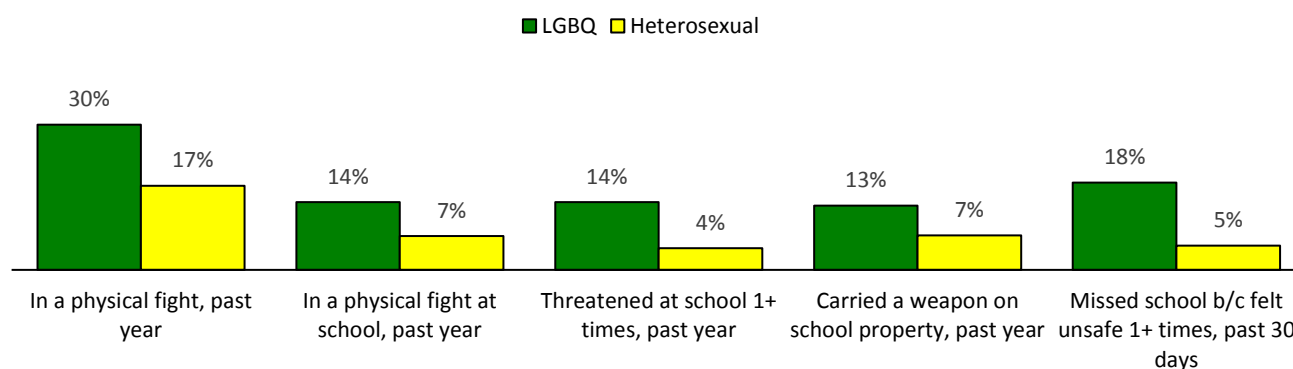
LGBQ students are more likely than heterosexual students to report ever having sex (55% vs 39%), oral sex (57% vs 41%), and having sex in the past three months (42% vs 30%). LGBQ students are three times as likely to report having sex before age 13 (9% v 3%) compared to their peers. Compared with heterosexual students, LGBQ students are almost five times more likely to report being forced to have sexual intercourse in their lifetime (24% vs 5%), and three times as likely to report being hurt by someone they were dating in the past 12 months (24% vs. 8%).

Personal Safety and Violence

Three in ten LGBQ students were in a physical fight in the last year, significantly higher than the 17% among heterosexual students. Likewise, LGBQ students are twice as likely to have been in a fight at school and to have carried a weapon on school property during the last year. They are more than three times as likely to report missing school because they felt unsafe in the past 30 days and to report being threatened at school compared to their heterosexual peers.

LGBQ students are more than twice as likely as heterosexual students to have been bullied during the past 30 days (40% vs 16%) or electronically bullied in the past year (36% vs 15%).

Interpersonal partner violence and personal violence by sexual orientation



For more information, please contact

Kristen Murray, PhD, Vermont Department of Health Kristen.murray@vermont.gov